

*Please attach this form to
the corresponding entry.*



ENTRY NUMBER
SOS Use Only

PROMOTE THE VOTE 2011
MOCK ELECTION COMPETITION
Cover Sheet

SCHOOL NAME

TEACHER CONTACT: _____

SCHOOL ADDRESS: _____

TEACHER EMAIL ADDRESS: _____

TEACHER TELEPHONE NUMBER: _____ SCHOOL DISTRICT: _____

GRADES IN SCHOOL: _____ GRADES PARTICIPATING IN MOCK ELECTION: _____

PLEASE ATTACH ALL PHOTOS (INDIVIDUALLY OR ON A CD) USED TO RECORD ACTIVITIES AS WELL AS A SHORT DESCRIPTION OF ACTIVITIES HELD IN CONJUNCTION WITH MOCK ELECTION FOR 2011 AND WHY THE SCHOOL SHOULD BE RECOGNIZED AS HAVING THE BEST PTV MOCK ELECTION.

I hereby certify this entry has been selected for inclusion in the state Promote the Vote MOCK ELECTION contest.

I hereby certify this contest entry including photos can be published on the Promote the Vote website.

Teacher/Program Coordinator

Principal

*** All signatures are required for submission. Failure to provide all required signatures will result in disqualification.***